



ROCKDALE COUNTY PLANNING AND DEVELOPMENT SPECIAL EVENT PERMIT APPLICATION

Date:

The application must be submitted at least two weeks prior to the event.

SUBMIT:

<input type="checkbox"/> A map of the event location showing: Adjacent streets and sidewalks Location of trash receptacles Location of restrooms
<input type="checkbox"/> A letter of approval from the property owner, notarize
<input type="checkbox"/> A letter of approval from the sponsor, if applicable
<input type="checkbox"/> A copy of the applicant's insurance policy
<input type="checkbox"/> A copy of the property owner's insurance policy
<input type="checkbox"/> A sign permit application form, if applicable (enclosed)
<input type="checkbox"/> \$30 fee, payable by check, money order, card or <i>exact</i> cash (+ \$30 sign fee, if applicable)

See [Section 218-2, Special Event Permits](#) of the Unified Development Ordinance for all the applicable regulations.

EVENT:

Location of event:	
Type and purpose of event:	
Date of event (max. 10 consecutive days):	to:
Time of event:	to:
Estimated number of attendees:	

APPLICANT:

Applicant name:	
Organization:	Title:
Address:	
Telephone:	Email:

If the event will be on County property:

Sponsor name (if applicable):	
Sponsor's address:	
Telephone:	Email:
Provide a copy of a comprehensive general liability insurance in a minimum amount of \$500,000 combined limits for bodily injury and/or property damage that names Rockdale County as an additional named insured, covering the entire duration of the event.	

EVENT DETAILS:

	Yes	No
Will you need temporary power during the event?	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide first aid?	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide restroom facilities? If yes, name of contractor: If no, location of closest restrooms:	<input type="checkbox"/>	<input type="checkbox"/>
Will you provide trash receptacles?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be vendors? If yes, provide a separate list of all vendors name and the products they will sell	<input type="checkbox"/>	<input type="checkbox"/>
Will there be signs posted to advertise the event? If yes, complete the sign permit application	<input type="checkbox"/>	<input type="checkbox"/>
Will food be provided? If yes, provide details of the arrangements:	<input type="checkbox"/>	<input type="checkbox"/>
Will temporary structures be installed? If yes, provide details on the structure:	<input type="checkbox"/>	<input type="checkbox"/>
Will you need a sheriff's deputy to direct traffic? If yes, provide name and badge number of the deputy:	<input type="checkbox"/>	<input type="checkbox"/>
Provide details on the parking arrangements:		

False or misrepresented statements contained in this application will constitute revocation of any permit issued. I certify that to the best of my knowledge, the items contained in this application are true and correct statements.

Signature of applicant:

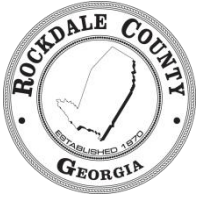
Indemnification:

I, _____, shall hold Rockdale County, its officers, employees and agents harmless from any liability or damages for property damage or bodily injury, including death, which may arise from any acts or omissions emanating from a special event located on or involving any portion of public property.

Signature of applicant:

Department of Planning and Development contact information:

In person: 958 Milstead Avenue, Conyers, GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: businesslicense@rockdalecountyga.gov	Fax: 770 278-8940



AFFIDAVIT VERIFYING CITIZENSHIP STATUS

O.C.G.A. 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

_____, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign

Applicant signature

The secure and verifiable document provided with this affidavit can best be classified as:

(type of document)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

SEAL

Notary Public signature

GA Registration No. and expiration date

Name of event: _____

The Department of Planning and Development will distribute this application for approval.

- OFFICE USE ONLY -

SHERIFF'S OFFICE:

Will the event require traffic and crowd control?	
Conditions of approval:	
Approved by:	Date:

DEPARTMENT OF ENVIRONMENTAL HEALTH:

Will outdoor toilet facilities be required?	How many?
Will trash receptacles be required?	How many?
Conditions of approval:	
Approved by:	Date:

FIRE DEPARTMENT:

Conditions of approval:	
Approved by:	Date:

PLANNING AND DEVELOPMENT:

Conditions of approval:	
Approved by:	Date:
Permit number:	Issue date:



ROCKDALE COUNTY PLANNING AND DEVELOPMENT TEMPORARY SIGN PERMIT APPLICATION

SUBMIT:

- | |
|---|
| <input type="checkbox"/> Construction details: dimensions, materials, structure |
| <input type="checkbox"/> For ground signs: site plan <input type="checkbox"/> For wall signs: building elevations |
| <input type="checkbox"/> Copy of the installing contractor's business license, if applicable |

For the complete rules, see [Section 230-16 –Temporary Signs](#) of the Unified Development Ordinance.

PROPERTY OWNER INFORMATION:

(If sign(s) will be posted on a location different than the event itself;
no more than two (2) signs permitted on a same property)

Property owner:	
Contact person name:	
Phone number:	Email address:
I hereby authorize the installation of the sign(s) as proposed and understand my responsibilities as property owner in the maintenance and removal of said sign(s), pursuant to the Rockdale County Sign Ordinance (UDO Ch. 230):	
Signature:	Date:

Property owner:	
Contact person name:	
Phone number:	Email address:
I hereby authorize the installation of the sign(s) as proposed and understand my responsibilities as property owner in the maintenance and removal of said sign(s), pursuant to the Rockdale County Sign Ordinance (UDO Ch. 230):	
Signature:	Date: